

**Saint Elizabeth Seton Parish**  
**Religious Education**  
**2021-2022 Academic Year Registration**  
Please return registration by Friday, September 3rd

Family Last Name: \_\_\_\_\_ Home Telephone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Father's Name/Guardian: \_\_\_\_\_ Mother's Name & Maiden : \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Father's Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Mother's Cell Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Father's Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Mother's Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Current Family e-mail address: \_\_\_\_\_

**PLEASE SELECT YOUR CHOICE (include 2<sup>nd</sup> choice)**

\_\_\_\_\_ **SUNDAY FAMILY FAITH FORMATION**

\_\_\_\_\_ **WEEKLY PROGRAMS: GRADES 1 – 6 CATECHIST DEPENDENT**  
**(Please select your second choice)**

\_\_\_\_\_ **HYBRID: REMOTE WITH FIVE (5) IN PERSON PARENT/CHILD SESSIONS**

Please Print: Child's First Name Last Name if family name not the same	Sex	Date of Birth	Grade as of Fall 2021	School	1 <sup>st</sup> Choice/2 <sup>nd</sup> Choice  For Monday or Tuesday Weekly sessions 4:15 – 5:15 pm	Bapt. Yes/No	Reconcl. Yes/No	1 <sup>st</sup> . Comm. Yes/No

**Volunteers Needed:** Catechists and co-catechists are necessary for the success of religious education!

I \_\_\_\_\_ am interested in teaching/assisting with grade(s): \_\_\_\_\_ (please be specific)

**Tuition & Fees**

**Please return registration by September 3rd**

**Individual: \$85.00      Two Children: \$125.00      Three or More: \$150.00**

No student is ever denied religious education because of financial burdens. Scholarships are available.

**CHILDREN REGISTER SEPARATELY FOR IMMEDIATE PREPARATION OF THE  
SACRAMENTS WHEN THEY ARE ELIGBLE**

**Please list any learning disabilities or medical concerns:**

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***Important Reminder***

A Baptismal Certificate is required with the registration form for all grades unless previously provided.  
***Please check here if baptized OR received 1<sup>st</sup> Communion at St. Elizabeth Seton Parish\_\_\_\_\_.***

**PLEASE READ AND SIGN BELOW**

I agree to have my child/children transported via ambulance and/or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child/ward's participation in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that occasionally photographs of my child may be taken and used for publicity, newspaper articles, and/or the Parish website. If you do NOT want your child's photograph used please notify the Parish Catechetical leader in writing.

**Office Use Only**

Date \_\_\_\_\_ Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Baptism Cert.: \_\_\_\_\_